

## State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004, WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 01/24/2004

Business ID: 373209

William M. Gardner

Secretary of State

200402490019

HIC	GGINBOTHAM CONSTRUCTION, LLC		ADDRESS OF PRINCIPAL OFFICE:			
340 EAST RUMNEY RD				340 EAST RUMNEY RD		
RU	MNEY, NH 03266			RUMNEY, NH 03266		
	ENTITY TYPE: LLC BUSINESS ID: 373209			ROWNER, NII 05200		
				REGISTERED AGENT AND OFFICE:		
	STATE OF DOMICILE:	NEW HAMPSHIRE		WILLIAM J HIGGINBOTHAM		
	FEDERAL ID:	033528162		340 EAST RUMNEY RD		
	HOME & BLDG REPAIRS & IMPROVEMENTS					
				RUMNEY, NH 03266		
	If changing the mailing or p	rincipal office address, places	check the ann	convicts box and fill in the necessary information		
If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.  The new mailing address						
	The new principal office address PO Box is acceptable.					
	MANAGERS			MEMBERS		
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT  A			ND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	2	
					,	
	Mana WILLIAM J HIGGINBOTHAM STREET 340 E. RUMNEY RD		NAME STREET	WILLIAM J HIGGINBOTHAM 340 E. RUMNEY RD		
	STREET 340 E. RUMNEY RD CITY/STATE/ZIP RUMNEY, NH 03266		CITY/STATE/ZIP RUMNEY, NH 03266			
	NAME		NAME	TEZEI KOWINET, NIT 00200		
	STREET		STREET			
3	CITY/STATE/ZIP		CITY/STA	CITY/STATE/ZIP		
	NAME		NAME			
	STREET		STREET			
	CITY/STATE/ZIP		CITY/STA	TE/ZIP		
	NAME		NAME			
	STREET		STREET			
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	NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED					
	T-1					
	To be signed by the Manager, if no manager, must be signed by a member.  I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.					
	i, the undersigned do hereby cer	ary that the statements on this	report are true	to the best of my information, knowledge and benef.		
4	Sign here: WILLIAM J HIGGINBOTHAM					
	Please print name and title of signer:	WILLIAM J HIGGINBOT	HAM	/ MANAGER		
		NAME		TITLE		
	REPORT FEE IS: <b>\$100.00</b>	E-MAIL ADDRESS	S (OPTIONA)	L):		



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: